

Revision: HCFA-PM-91-4 (BPD)
August, 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

42 CFR 430.12(b)

7.4

State Governor's Review

The Medicaid agency will provide opportunity for the Office of the Governor to review amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.



Not applicable. The Governor--



Does not wish to review any plan material and has designated the Secretary of Health and Human Resources to review Plan amendment material per Executive Order 31(94).

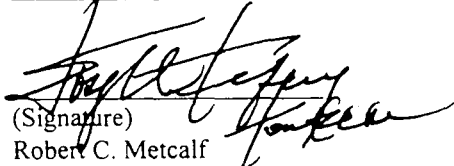


Wishes to review only the plan material specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Department of Medical Assistance Services
(Designated Single State Agency)

Date


(Signature)
Robert C. Metcalf

Director
(Title)

TN No. 95-16
Supersedes
TN No. 93-04

Approval Date _____

Effective Date 11-01-95